

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, ARIZONA 85258

PHONE: (602) 364-1PET (1738) • FAX: (602) 364-1039

VETBOARD.AZ.GOV

APPLICATION IS HEREBY MADE FOR THE ISSUANCE OF A VETERINARY PREMISE LICENSE

PREMISE LICENSE FEES:

☐ \$ 50.00 in an even-numbered year

☐ \$ 100.00 in an odd-numbered year

APPLICATION FEE IS NON-REFUNDABLE

PAYABLE BY CERTIFIED/CASHIER'S CHECK OR MONEY ORDER ONLY

PREMISE LICENSING INFORMATION

Name of Premise _____

Premise Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone Number (____) _____ Email Address: _____

REASON FOR PREMISE APPLICATION – (Check all applicable areas)

☐ New Premise ☐ Responsible Veterinarian change ☐ Ownership change ☐ Address change ☐ Other

WAS THIS PREMISE PREVIOUSLY LICENSED? IF YES, PLEASE COMPLETE THIS SECTION

A.R.S. § 32-2272 (D), A change of responsible veterinarian or owner shall cancel a premise license. The responsible veterinarian or owner shall surrender the premise license to the Board within 20 days of the change.

Previous Premise License Number _____ Previous Premise Name _____

Previous Responsible Veterinarian _____

RESPONSIBLE VETERINARIAN

ONLY ONE VETERINARIAN MAY BE DESIGNATED AS RESPONSIBLE VETERINARIAN

A.R.S. § 32-2201(18) . . . The veterinarian responsible to the Board for compliance of licensed veterinary premises with the laws and rules of this state and of the federal government pertaining to the practice of veterinary medicine and responsible for the establishment of policy of such premises.

Name _____ License Number _____

Residence Phone Number _____ Business Phone Number _____

1. List all premises where you are currently registered as the Responsible Veterinarian (Attach continuation sheet if necessary).

2. Designate a primary premise (This information will be listed on the Board's computer record for inquiries).

3. Have you ever been charged or convicted of a crime? ☐ Yes ☐ No (Yes, attach detailed explanation)

4. Has your Federal accreditation been subject to disciplinary action? ☐ Yes ☐ No (Yes, attach detailed explanation)

5. Have you been subject to disciplinary action relating to licensure? ☐ Yes ☐ No (Yes, attach detailed explanation)

PRACTICE INFORMATION

A.R.S. § 32-2272 (C) . . . A license is not valid for any premises other than those for which issued. If there have been major changes in the scope of veterinary services offered, the premises are subject to re-inspection. Mobile units utilized in conjunction with a licensed premise, must be declared at the time of application.

TYPE OF PRACTICE -- (Check all applicable areas)

☐ Large Animal

☐ Small Animal

☐ Exotic

☐ Avian

☐ Other

DESCRIPTION OF PRACTICE -- (Check all applicable areas)

☐ **Hospital** (Overnight Hospitalization offered)

☐ **Mobile Clinic** (A.A.C. R3-11-101 [17]) (a self-contained vehicle (RV, van, etc.) designed to function as a self-contained clinic. Services are performed inside the vehicle.)

☐ **Clinic** (Overnight Hospitalization not offered)

☐ **Mobile Unit** (A.A.C. R3-11-101 [18])(e.g. housecall practice). Services are delivered to temporary sites; not designed to function as a self-contained clinic.

☐ **Vaccination Clinic**

DESCRIPTION OF SERVICES

(Check all applicable areas)

☐ Hospitalization

☐ Boarding

☐ Surgery

☐ Transporting patients

☐ Radiology

☐ Emergency Service (Not 24hr)

☐ Diagnostics (In premise)

☐ 24 hour Emergency Service

☐ Pharmacy

☐ Vaccinations Only

☐ Alternative medicine (acupuncture, etc.)

☐ Grooming

☐ Routine health exams

☐ Anesthesia-free dental cleanings

1. If any of the above services are performed at another premise or in the field, please specify.

PREMISE BUILDING AND HOURS

1. Is the premise based at a residence? ☐ No ☐ Yes

2. List the hours the premise is open to the public:

a. For hospitals/clinics: list the days/ hours the facility is open to the public.
Days/Hours:_____

b. For clinics held at a store, grooming facility, boarding facility, etc.: list the *specific* day (e.g. 2nd Saturday of the month) or specific dates and hours the clinic will be in operation.
Day/Dates:_____ Hours:_____

OWNER INFORMATION

PROPRIETORSHIP

Name of Owner _____

Address _____

PARTNERSHIP

Name of Partnership _____

Address of Principal Office _____

Names, Addresses, and Percentages of General Partners _____

CORPORATION

Name of Corporation _____

Address of Principal Office _____

State of Incorporation _____ Date of Incorporation _____

Arizona Statutory Agent, Address and Phone Number _____

Names, Titles, and Addresses of Officers and Directors _____

ADDITIONAL REQUIRED INFORMATION

Has the owner ever been charged or convicted of a crime?

☐ No ☐ Yes (Yes, attach detailed explanation)

Has the owner's Federal accreditation been subject to disciplinary action?

☐ No ☐ Yes (Yes, attach detailed explanation)

Has the owner been subject to disciplinary action relating to licensure?

☐ No ☐ Yes (Yes, attach detailed explanation)

CERTIFICATION OF ACCURACY

The undersigned hereby certifies that the information contained in this application and any attachments thereto is true and correct, and further certifies that:

1. The undersigned is familiar with the laws of Arizona and the rules of the State Board pertaining to the practice of veterinary medicine.
2. The undersigned is familiar with the laws of the federal government pertaining to the practice of veterinary medicine and pertaining to the use, dispensing, prescribing and storing of controlled substances.
3. The RESPONSIBLE VETERINARIAN, identified herein, is responsible to the State Board for the establishment of, and adherence to, policies of veterinary medical service and conduct in accordance with federal laws, Arizona State laws, and the rules of the State Board pertaining to the practice of veterinary medicine.

Signature of Responsible Veterinarian: _____ **Date:** _____

State of _____

County of _____

Subscribed and Sworn before me this _____ day of _____, 20____

SEAL

Notary Public _____

Signature of Practice Owner: _____ **Date:** _____

Printed Name: _____

Please be advised of the following pursuant to Arizona Revised Statutes (ARS) §41-1030:

ARS §41-1030(B): An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

ARS §41-1030(D): This section may be enforced in private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

ARS §41-1030(E): A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

ARS §41-1030(F): This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

ALTERNATE FORMAT

Individuals with disabilities who need this application in an alternate format may contact the Board's Americans with Disabilities Act coordinator at (602) 364 -1739 (voice) to make their needs known.